

**Miscellaneous Reporting Section****Form 4****Income Verification**

The(\_\_\_\_\_) to which you are now applying has been the recipient of financial assistance through the State of Indiana's federal Small Cities Community Development Block Grant (CDBG) Program funded by the U.S. Department of Housing and Urban Development (HUD). As part of program requirements, the (\_\_\_\_\_) Must report both the total number of beneficiaries created and the number of low-to-moderate income beneficiaries. This information is needed to satisfy HUD's requirements for documentation of the beneficiaries of (\_\_\_\_\_) . This information is confidential; however it is subject to verification by authorized government officials.

Applicant's Name:		
Applicant's Social Security Number:		
Applicant's Address:		
Applicant's County of Residence:		
Applicant's Gender:	Male	Female
Applicant's Age:		
Is the Applicant Head of Household:	Yes	No
Is the Applicant Classified as Handicapped:	Yes	No
Applicant's Race: (Please Circle the Appropriate Choice)	African American	Asian
	Native American	White
	Hispanic	

**Form Continued**

**First:** Identify the number of people living in your family and check it. (A family is comprised of persons related by blood, marriage or adoption. Do not count emancipated children and their dependents.)

**Second:** Find the dollar figure that corresponds with the number you checked. Is your family's gross yearly income above or below this figure? (Your figure should include anyone who contributes his or her income to the family.) If your figure is above, check ☐ Above. If it is below, check ☐ Below.

No. in Household	Income Limits for County of Residence		
<input type="checkbox"/> One	\$	<input type="checkbox"/> Above	<input type="checkbox"/> Below
<input type="checkbox"/> Two	\$	<input type="checkbox"/> Above	<input type="checkbox"/> Below
<input type="checkbox"/> Three	\$	<input type="checkbox"/> Above	<input type="checkbox"/> Below
<input type="checkbox"/> Four	\$	<input type="checkbox"/> Above	<input type="checkbox"/> Below
<input type="checkbox"/> Five	\$	<input type="checkbox"/> Above	<input type="checkbox"/> Below
<input type="checkbox"/> Six	\$	<input type="checkbox"/> Above	<input type="checkbox"/> Below
<input type="checkbox"/> Seven	\$	<input type="checkbox"/> Above	<input type="checkbox"/> Below
<input type="checkbox"/> Eight	\$	<input type="checkbox"/> Above	<input type="checkbox"/> Below

Applicant's Signature:	
Date:	